Heathcotes Care Limited

# Heathcotes (Bridlington)

**Inspection report**

Putney House
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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced.

Heathcotes, Bridlington is registered to provide accommodation and personal care for up to 12 people with a learning disability or autistic spectrum condition. All of the people who use the service have Prader-Willi Syndrome, a condition that can cause a chronic feeling of hunger that, coupled with a metabolism that utilises drastically fewer calories than normal, can lead to excessive eating and life threatening obesity. Certain rules and restrictions around food and diet are necessary

# Summary of findings

to maintain a healthy lifestyle for the people who use the service. Currently there are ten people residing at the home. There are three flats to the side of the property, two self-contained and one without a kitchen area.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe living at the home. Staffing levels meant that people received high levels of 1:1 support. Most people said that staffing levels were good. However the manager may need to review their contingency arrangements to ensure that staffing levels are consistently maintained.

Staff were trained in safeguarding vulnerable adults and discussions with staff confirmed they were clear about what to do should an allegation be made.

Some staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Additional training was being considered for staff who had not yet received this training. Staff were also trained in non abusive psychological and physical intervention (NAPPI). Recruitment records viewed contained the required information evidencing that only staff suitable to work with vulnerable people had been employed. This helped to protect people who lived at this home.

People told us the service was effective in helping them manage their Prader-Willi Syndrome.

The home had policies, procedures and systems in place which supported staff to deliver care effectively. People told us they were able to make choices and decisions and were involved in discussions regarding their care records.

Staff received training and supervision to support them in their roles. Staff confirmed the training they received supported them in caring for people appropriately.

We received mixed comments regarding the menu choices available. The manager was trying to access support from a nutritionist and we saw evidence to support this.

People experienced a range of social and leisure opportunities and were involved in independent living tasks.

All of the people we spoke with told us they were well cared for. They were positive about the staff who supported them. They confirmed that they were treated with privacy and dignity by the staff who supported them. People told us they had access to their care records.

People told us that the home was responsive to their needs. People chose how to spend their time and said they were listened to. They said that the manager and staff understood their Prader-Willi Syndrome and supported them in managing this.

People said they knew how to complain and we saw that complaints were appropriately responded to. People told us they could express their views and opinions and felt listened to by management. Relatives also confirmed this. There were good quality monitoring systems in place to review and develop the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

We found that the service was safe. People told us they felt safe and well supported by the staff employed to care for them.

The home had policies and procedures in place which helped to safeguard vulnerable adults and staff confirmed they had received training on this topic. Training in the Mental Capacity Act 2005 was in the process of being organised.

There were enough staff employed which meant that people received care and support which met their needs.

**Is the service effective?**

Good

The service was effective. People told us they could make choices and decisions about all aspects of their daily lives and said they felt listened to by staff.

Staff understood people's care needs. The high levels of staffing meant people could choose how to spend their time. Staff knew people's likes and dislikes and understood how people wanted to be cared for.

All staff received training and support to enable them to care for people effectively.

**Is the service caring?**

Good

People told us the service was caring. They spoke positively of staff and told us they were involved in decisions regarding their care. They told us they were treated with dignity and respect.

The care records we saw were generally well written, detailed and were reviewed and updated regularly. We found some areas which were not up to date but the manager was in the process of reviewing these records.

**Is the service responsive?**

Good

The home was responsive in meeting people's needs. People were able to discuss, plan and suggest social and leisure activities of their choice.

People were supported to make decisions and choices. They were involved in discussions about their care and able to make suggestions for improvement.

**Is the service well-led?**

Good

The service was well led. The agency had a manager who is registered with the Care Quality Commission. All of the people we spoke with told us the manager and staff were approachable.

There were good quality monitoring systems in place to seek the views and opinions of people and their relatives and we saw that any areas of suggested improvement were responded to.

# Heathcotes (Bridlington)

**Detailed findings**

## Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 20905 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the home on 5 August 2014. The inspection team consisted of an inspector, a professional advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our professional advisor and expert by experience had experience of Prader-Willi syndrome.

Before our inspection, we reviewed all the information we held about the service. This included notifications and the provider information return, a document sent to us by the provider with information about the performance of the service. We contacted the Local Authority to ask them for their views on the service.

On the day of our visit we spoke with nine of the ten people who lived at the home and with one visiting relative. We also spoke with three staff and one health professional.

We spent time observing the interaction between people, relatives and staff. We looked at all areas of the home, including some bedrooms (with people's permission). We also spent time looking at records, which included the care records for three people who lived at the home, five staff recruitment files and records relating to the management of the home.

Good

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe living at Heathcotes (Bridlington). Their comments included; "I see my key worker loads. I can talk about anything without a doubt. She sorts things out for me." "I had a problem. I spoke to my keyworker; I know it will get sorted." "If I had any problems, I would tell the manager."

We also spoke with a visiting relative who said "I couldn't praise this place enough - 150%. There's a lot of staff which is a good thing."

The home had appropriate policies and procedures in place to help safeguard vulnerable adults. Any safeguarding incidents had been correctly reported to the Care Quality Commission and the Local Authority. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with staff about their understanding of safeguarding vulnerable adults. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their manager would take any allegations seriously and would investigate. The majority of staff were up-to-date with safeguarding training, and any gaps in this training had already been highlighted by the manager and training dates booked.

The manager and some of the staff we spoke with understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood the importance of making decisions for people using formal legal safeguards. They had made some recent applications and we could see that those had been completed appropriately. The manager told us that MCA training was included in the induction training with an annual refresher to provide staff with a high level of expertise. However, not all staff had accessed this training and some of the staff we spoke with were unsure of the process to follow. The manager confirmed that this training was a priority and was in the process of being booked for all staff who had not yet attended.

All staff had received training in non abusive psychological and physical intervention (NAPPI). They told us that in the majority of situations de-escalation and diversion was used. De-escalation and diversion is a method used to reduce the intensity of conflict or a potentially violent situation. We saw from incident records that where restraint had been used detailed records were held. This helped to safeguard people. We spoke with two people about their experiences. Both people understood that restraint was used only when a situation put either themselves or others at risk.

Comments included "I am not happy about it when it happens but it doesn't happen often – they (staff) all know what they are doing" and "Sometimes I get really mad and they hold me and I don't like it. Now when it happens I can walk very quick down a quiet road with my 1:1 following and when I calm down I go to my bedroom for a bit – that works better."

Each month the manager collated a report which was sent to the behavioural team within the company and also to the individuals social worker. A psychologist provided support to the service when required. This enabled the relevant professionals to monitor any incidents and for appropriate guidance and support to be accessed when needed.

All of the people living at this home received a minimum of ten hours 1:1 support each day which enabled them to go out or be involved in activities or social opportunities of their choosing. They were positive about the staff who supported them. Comments included " There are always plenty of staff." " I can talk to all staff men & women." " I find out which staff are on after breakfast and that's ok as I like them all." " I think there are enough staff." But they also said "I don't know if there's enough staff, especially if they ring in sick" and "Some days not enough staff, they phone in sick and there are no 1:1s, that is hard – sometimes we get bank staff- some are ok."

We looked at rotas and we discussed this with the manager. During the manager's last absence from the service there had been a high period of sickness. This had been picked up by the home's management team and action was being taken to address this. Generally staffing levels remained consistent. However, the service may wish to review their contingency arrangements so that staffing levels can be continually maintained.

We spoke with a member of staff who told us; "There are enough staff. We have another two or three starting soon which will help to fill any shortfalls. Generally staff will rally

Good

# Is the service safe?

round if we need to cover sickness or absence." Another staff member said; "I believe they have enough staff and I have never experienced extra workload due to sickness etc. There is always a team leader on duty and I believe other staff would rally round if necessary. The management would not leave it in a poor state. They do care and other company staff have been brought in if required."

We looked at five staff recruitment records. All of those viewed included an application form, two references and a police check. This helped to ensure that any staff employed were safe to work with vulnerable adults.

People told us they received their medication on time and said they were handed them so that they could take them independently. Comments included "I ask staff for my medicine and they give it to me", "Someone will always get your meds for you" and "The meds, people give it to me regularly." However, one person said "I would like to take my meds myself – I used to before I came here. My keyworker is sorting this for me."

We looked at the medicines records for two people. People told us they received their medicines when they should. Medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance. One of the people living at Heathcotes administered their own medication and each person had a risk assessment to check if they were able to do so. They told us "I look after my own medicines. I keep them in a locked drawer and I sign a medication sheet when I take them."

Medication administration records were signed correctly with any refusal recorded. There were good systems in place to manage medicines and regular audits and stock checks were completed. However, we did find that the medication section of one person's care file had not been updated to reflect their current medication as changes had been made. We shared this with the manager who agreed to take immediate action to rectify this.

Good

# Is the service effective?

## Our findings

The service was effective. People were placed at this home due to their Prader-Willie syndrome. The home had supported people in losing weight and maintaining their weight loss. A relative said "(My relative) lost a lot of weight nice and slowly, when they came here and they haven't put it back on."

People and their relatives told us they received effective care from staff who knew their likes, dislikes and preferences. Upon arrival at the home, one person spoke to ask us why we were there. We explained and they immediately without prompting stated "You can turn around and go as you won't find a better place than this."

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. All new staff received an induction when they commenced work. The staff we spoke with confirmed that they had received an induction and they told us that when they started work the first shifts worked were shadow shifts (where they observed care) as they were not counted as staff members. This allowed them time to read up on policies and procedures and to spend time looking at care records as well as getting to know people. One staff member said "I feel I could ask them for advice on anything. I felt comfortable even during the first week."

We asked for a copy of the staff training matrix. We saw that training was provided in a range of topics, examples included safeguarding vulnerable adults, NAPPI and, first aid. Training was updated annually. In addition to the regular training provided, service specific training was also provided. This included topics such as Prader-Willi awareness, epilepsy, autism and mental health. Staff made positive comments about the quality of the training and said that the training supported them to carry out their roles effectively.

We looked at menus and how diets were managed as this is a fundamental issue in supporting people with Prader-Willi syndrome. Choices were restricted to support people with their weight loss and to minimise upset and challenges. Menus were displayed on a noticeboard in the dining area. People were offered a choice at lunchtime and there was a set main meal in the evening.

All of the people living at the home were asked for their likes, dislikes and preferences. These were recorded within their care files. Alternatives would be offered where people did not like what was on the menu. Each person had four meals a day and they cooked once a week for the group. Meals were a social occasion and staff ate their meals with people. People went out for a meal once a week where they could choose whatever they wanted to eat but they ate healthy meals the rest of the time. Information in the care plans recorded their weight loss and the success they had achieved. However the nutritional monitoring tool in place was not being completed appropriately which meant that staff may not be alerted to issues as quickly as they could be.

People provided mixed comments about the choice of food available. Comments included; "It's alright, it varies but sometimes it's the same like bran flakes for breakfast. There's no choice unless its on your dislike list and I like everything so I just have to have it. We do have fruit & vegetables. I eat in my flat but I have what everyone else eats." "I like most food", "It's nice food but no choice", "The food is good in some respects but repetitive, I would like more options" and "The food is very good but you don't get choices, you have to lump it or like it."

People also said "We can go out to eat and choose anything from the menu up to £8.00. I don't have favourites. I like to look at the menu and just choose." " Friday is treats night, we have a 50p tuck shop and I get sweets." "I like to do food shopping and help make lunch and cook tea. Friday is tuck day." "On Mondays I go out for a milkshake." " We can go out and it's your own choice of food up to £8.00." "We can drink as much water as we like but not other drinks. I would like more juice especially when its hot. We can have alcohol when we are out if we want."

Because Prader-Willie syndrome has no cure, the treatment aims to manage symptoms and the associated problems which may occur, therefore restrictions in terms of diet are necessary to maintain people's health and wellbeing. The manager told us that she was trying to access a nutritionist so that menus could be reviewed and more variation in terms of choice could be offered.

We saw people's needs had been assessed and individual preferences and choices were recorded in their care plan. We saw that people had signed their agreement to their care plans (parts of which were easy read), which included risk assessments and their monthly reviews.

Good

# Is the service effective?

Everyone we spoke to had a range of individual regular activities which were accessed as part of their 1:1 support. Comments included "I like to spend time on my own making my own choices. I have my own flat and TV. I like visiting places, playing prize bingo, I go to a club at night and I use my bus pass." "I do a lot of walking, I go bowling, to the cinema and lots of visits to see animals. I like to take the train to Hull or Scarborough to visit museums." "I like day trips, shopping, walking, watching TV – lots of things really." "I like jigsaws, colouring, Art, the Gateway club, going out in the car shopping and to pubs and charity shops." "I like shopping, watching the telly, swimming and going out in the car to the seaside and the pub." Although everyone mentioned some form of exercise one person said; "I don't have to swim any more as I have reached my target weight."

One of the major strengths of the service was its 1:1 staffing provision which supported individual choice and involvement in life skills. We observed staff engaging positively with people and there was a general sense of calm. People were seen to have busy and fulfilled lives. Accommodation was comfortable and homely. People appeared happy, settled and demonstrated good relationships with the staff. People were happy to chat to us and were observed to be extremely comfortable with the staff supporting them.

People were encouraged to live independently and had rotas for jobs. They told us; "I have everything I need in my flat. I clean it with my 1:1 helping. I have my own washer and do my own washing and dry it in the house." "I look after the guinea pigs, rabbits and fish once a week. I help with cooking lunch and tea for everyone. I clean my flat with help. We do our own laundry with staff help." "I like to take turns to cook." A parent we spoke with said "(my relative) is well looked after and does her own washing with help & doesn't lose her clothes now."

Good

# Is the service caring?

## Our findings

All of the people we spoke with told us that staff were kind, considerate and caring. They told us they were treated with dignity and respect. Comments included; "Yes, they respect my privacy and ask me what I want. I'm looked after and if I'm poorly I go to the doctors." "The staff are nice, they knock on my door. I go to the doctors lots." "They don't shout. I stay in bed if I don't feel well and that's alright." "The staff are amazing. They are very respectful. If they ever went into my room without asking I would tell the manager and they would be in big trouble" and "They are very respectful - they always knock and ask me what I want. If I am ill staff would monitor it, give me painkillers or make me an appointment."

People told us they were involved in decisions about their care, treatment and support. Each person had a care plan which is a written document which sets out the way people want to be cared for, the support they require and any goals or objectives that they would like to achieve as well as things which were important to them. People's care plans were personalised and showed that an effort had been made to understand the individual, and their personality. Comments from people included; "My mum is involved and I am happy about this. It's discussed at an annual meeting - how I'm doing money wise, what activities and my behaviour which is usually good." "I see my care plan and sometimes we discuss it." "I have a care plan. We discuss what's in it, my activities and my likes and dislikes." Other comments included "The files in the purple cabinet we look at with our key workers. They are changed as and when needed. The file with shorter plans is in the blue drawers and we can look at our daily notes. ABC and incident charts are here and they show change of mood, attack or physical aggression." "Our care plan is locked away. They (the staff) take it out and we have a discussion. It has daily notes, things about meals, letters from health professionals and any other correspondence." This demonstrated that the service had taken the time to understand the people they were caring for and reviewed and updated their records to ensure the care was consistent and met people's changing needs. People signed their agreement to their care records and confirmed they had been involved in decisions about the care and support they required.

Staff had access to a range of policies and procedures which included equality and diversity and the staff code of conduct. The staff we spoke with had a good understanding of how to ensure people were treated with dignity and the importance of treating people in a respectful and compassionate manner. People had their own rooms, which could be locked, and had been decorated and furnished to reflect their choices. Throughout our visit we saw and heard staff respect people's privacy and dignity. We saw staff knocked on doors, announced who they were, asked if they could come in and waited for a response before entering anyone's room.

We saw people were supported to maintain contact with their family and friends. The manager told us relatives and friends were welcome to visit at any time and this was confirmed by the relative we spoke with.

We spoke with staff who said; "People's schedules and plans are based around what people want. Regardless of Prader-Willi we manage risks and accommodate and treat people as individuals. I think we balance condition and risks well." The manager said "Our families tell other families. A lot of our referrals are based on word of mouth. This is a home for life and you can see the example's of successes here."

Good

# Is the service responsive?

## Our findings

The home was responsive in meeting people's needs. People gave a range of examples of how the home responded to their needs. Comments included; "I support Rotherham football team and every Saturday my 1:1 takes me to see them play." "I like to watch Jeremy Kyle on TV but he is not suitable for everyone so I am allowed to watch him in my room", "I love trains and I get to go to the railway museum at York and travel on trains a lot." A parent we spoke with said; "My relative loves to see Daniel O'Donnell and when he came to Bridlington the manager organised for them to go even though their 1:1 hours weren't enough. They shifted things round."

People talked to us about the meetings they attended for people who lived at the home. Comments included "We have residents meetings, we see if we get on with people, we change menus, we talk about day trips and holidays." "We talk about being friends, taking turns in the car, trips out." "We have once a month meetings to talk about trips out" and "We have regular meetings and anyone can bring up any points they like. We said we wanted new garden furniture and a BBQ and they are helping us to fund raise to get it."

Every person we spoke with had been on or was about to go on a holiday this year paid for by the company. Comments included; "My fiancé lives here too and the manager has arranged for us to go on holiday together with our key workers to Mablethorpe." "I am going to Skegness with my key worker in the car. The manager will sort the money out." "I am going to Skegness in September. The manager has sorted two staff to take me as if I 'go off on one', one staff on their own couldn't manage. I don't think I will but its best to be organised." "I am going to the Lake District to do lots of walking & look at trains." "I wanted to see the Lion King and go to Blackpool so the manager booked for me to stay at Liverpool over night to see it and then go to Blackpool . It was great."

A parent we spoke with said "They think of everything. They are always there. My relative comes home regularly and I like to pick them up and drop them off but their Mum is ill and the home say they would always bring them or pick them up if I needed it."

We observed people participating in activities throughout the day. For example; shopping, cooking, completing jigsaws and knitting.

We asked to the look at the record of complaints. We saw that complaints and concerns were appropriately responded to. All of the people we spoke with during our visit said that they would feel able to raise concerns with either the manager or with staff. A relative told us when they had raised any concerns with the manager, these had been quickly addressed and resolved to their satisfaction. They were confident the registered manager listened and took their views seriously.

We spoke with local authority commissioners who told us, where they had visited and made recommendations for improvement of the service, the manager had responded in good time and rectified matters.

Good

# Is the service well-led?

## Our findings

The home had a registered manager who had been in post for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us the service was well led. They expressed positive comments about the management. Comments included; "I can talk to the manager. Everything is better here than my last place. There is nothing in particular I would change" and "I can talk to the manager, she is in her office. If I complained she would sort it out" and "Everything is well organised. They are trained to get our weight down, to understand PWS."

The parent we spoke with said "They are very experienced staff. They are always going on courses. They always have lots of information and some have been moved on to higher posts in other services" and "My relative loves this place. They are always packed ready to come back after a home visit which must be a good thing."

All staff said they felt well supported and able to raise any concerns they might have in an open way. They told us "It's an excellent team and I can discuss anything at any time if I have any concerns." Another staff member told us that communication within the staff team was very good. They said they felt supported and were praised when doing something well. They said they felt able to give suggestions and were listened to. They said; "It is a good team with good relationships."

We asked staff if they received regular supervision. Supervision is time spent on a one to one basis with their manager where they can discuss their work, any training required and any aspirations. All staff confirmed that supervision was provided and we saw records to support this.

Records viewed during our visit were detailed, organised and stored appropriately. This included staff files, staff training records and people's care and support records. The manager had systems in place which supported the smooth running of the service.

The manager confirmed that there was an emergency on call arrangement. They said the on call worked well and that they always responded. This meant that they could provide support to staff should an emergency occur. 'Grab' sheets were available in people's care files. These provided important information should a person need to be admitted to hospital, for example, information about their condition, any allergies and their medication.

We looked at how risks were managed. Each person had detailed risk assessments in place within their care file. We saw that these were reviewed and updated regularly.

There were a number of quality monitoring tools in place which we were shown during our visit. We looked at a detailed audit which looked at all aspects of the service and had been carried out in June 2014. The service had scored 96% and had put in place an action plan to make improvements. For example, one of the areas identified had been for a dietician to support the home in reviewing their menus. This demonstrated that the home were reviewing the service they provided and seeking to make improvements. One of the people we spoke with said; "We have service user meetings every so often. Sometimes things change if we raise them, for example, the house got made better. I can't think of any improvements which are needed."

Staff meetings were held each month and we saw minutes of these meetings. Meetings for people who lived at the home were also held and we saw from records that where people suggested areas of improvement these were responded to.

The home did not hold meetings for relatives but they did send out a survey on an annual basis. We were shown a copy of the October 2013 summary. However these were summarised regionally which may make it difficult to set up specific action plans to the points raised.

The provider also visited the home on a monthly basis. In addition to meetings and the visits carried out by company representatives, we were also shown the weekly audits which were completed by the manager. They covered a number of areas, for example, complaints, incident and accident analysis, safeguarding, DoLS and any staffing issues. This helped to minimise risks to others.

We spoke with partner agencies prior to our visit. They confirmed that the home sought advice when necessary and worked well with other key stakeholders. This helped to ensure that important information could be shared where necessary.